

AP 1642

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type) Donna Macedo Signature *Donna Macedo* Date 11-08-2001



TRANSMITTAL

☐ Small Entity ☐ Large Entity

Application Number 09/544,910
 Confirmation Number N/A
 Filing Date April 7, 2000
 First Named Inventor Huang et al.
 Examiner S. Rawlings
 Group Art 1642
 Attorney Docket No. 06510121US1

ENCLOSED:

	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule	Total	6	11	0		\$ -
<input checked="" type="checkbox"/> 37 CFR § 1.116	Independent	2	2	0		\$ -
<input checked="" type="checkbox"/> Pages 12	Multiple					
EXHIBIT A	Total Extra Claim Fees					\$ -

☐ Applicants Petition for an Extension of time from _____ to _____ Fee _____
A _____ month extension was previously filed and paid for thereby reducing the basic fee

☐ Response to File Missing Parts (with copy of formalities letter)

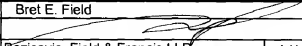
☐ Filing Fee Fee _____
☐ Executed Declaration Pages _____ Surcharge Fee _____
☐ Other _____ Fee _____
 _____ Fee _____
 _____ Fee _____
 Subtotal \$ -

☐ Information Disclosure Statement

☐ PTO Form 1449 Pages _____
☐ _____ Copies of Cited References
☐ Other _____ Fee _____
 Subtotal \$ -

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification
☐ Paper Copy of Sequence Listing Pages _____
☐ Diskette in computer-readable format
☐ Other _____ Fee _____

<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee \$ -
		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____		Fee _____
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ -
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. XXXXXXXXXXXXXXXXXXXX</p>		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED		
Name (Print/Type)	Bret E. Field	Registration No. 37,620
Signature		Date 11-08-2001
Firm Name	Bozicevic, Field & Francis LLP	Address 200 Middlefield Road, Suite 200
City	Menlo Park	State California zip 94025
Telephone - Direct Dial	650-327-3400	Facsimile 650-327-3231

Application No. 09/544,910 Attorney Docket No. 06510121US1 Page 2 of 2